

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2	/						
3	2						
4	2						
5	2						
6	1						
7	/						
8	1						
9	/						
10	2						
11	2						
12	1						
13							
14	2						
15	2						
16	1						
17	1						
18	/						
19	/						
20	1						
21	1						
22	/						
23	/						
24	/						
25	/						
26	/						
27	/						
28	/						
29	/						
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44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	37	←	←	←	←	←	←
TOTAL	39	←	←	←	←	←	←